

Atty. Docket No: 2797 (203-3175 PCT US)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT(S): Russell Heinrich

EXAMINER: Michael G. Mendoza

SERIAL No.: 10/510,451

GROUP: Art Unit 3734

FILED: October 4, 2004

DATED: June 6, 2008

TITLE: SURGICAL STAPLER AND METHOD

Mail Stop ISSUE FEE  
 Commissioner for Patents  
 P.O. Box 1450  
 Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL FORM

Sir:

Transmitted herewith is an Amendment in the above-identified application.

Applicant claims small entity status of this application under 37 C.F.R. 1.27

No additional fee is required.

The fee has been calculated as shown below:

(Col. 1) CLAIMS REMAINING AFTER AMENDMENT	(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA	SMALL ENTITY		OR	OTHER THAN A SMALL ENTITY	
			RATE	ADDL. FEE		RATE	ADDL. FEE
TOTAL * 47	MINUS ** 75	= 0	x 25=	\$		x 50=	\$
INDEP. * 4	MINUS *** 6	= 0	x 105=	\$	OR	x 210=	\$
			x 185=	\$		x 370=	\$
			TOTAL	\$ 0.00		TOTAL	\$

 FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS

\* If the entry in Column 1 is less than the entry in Column 2, write "0" in Column 3.  
 \*\* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" in this space is less than 20, write "20" in this space.  
 \*\*\* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" in this space is less than 3, write "3" in this space. The "HIGHEST NUMBER PREVIOUSLY PAID FOR" (Total or Independent) is the highest number found from the equivalent box in Column 1 of a prior amendment or the number of claims originally filed.

CERTIFICATE OF TRANSMISSION UNDER 37 C.F.R. §1.8(a)

I hereby certify that this correspondence is being transmitted on the date below with the United States Patent and Trademark Office, PO Box 1450, Alexandria, VA 22313-1450, via electronic submission.

Dated: June 6, 2008

 Nicole Rispoli

RECEIVED  
CENTRAL FAX CENTER

APR 09 2009

 Please charge Deposit Account No. 21-0550 in the amount of \$\_\_\_\_\_. A check in the amount of \$\_\_\_\_\_ is enclosed. Please charge any deficiency as well as any other fee(s) which may become due under 37 C.F.R. § 1.16 and/or 1.17 at any time during the pendency of this application, or credit any overpayment of such fee(s) to Deposit Account No. 21-0550. Also, in the event any extensions of time for responding are required for the pending application(s), please treat this paper as a petition to extend the time as required and charge Deposit Account No. 21-0550 therefor.

Respectfully submitted,



Francesco Sardone  
Reg. No.: 47,918  
Attorney for Applicant(s)

*Carter, DeLuca, Farrell & Schmidt, LLP*  
445 Broad Hollow Road - Suite 225  
Melville, New York 11747  
Tel.: (631) 501-5700  
Fax: (631) 501-3526  
FS/nr

---

---

Application No.: 10/510,451

445 Broad Hollow Road  
 Suite 225  
 Melville, NY 11747  
 Phone: (631) 501-5700  
 Fax: (631) 501-3526

**Carter, DeLuca, Farrell  
 & Schmidt LLP**

# Fax

<b>To:</b>	Exam. Michael G. Mendoza Group 3734	<b>From:</b>	Roberto Colon
<b>Fax:</b>	571-273-4698 and  571-273-8300	<b>Date:</b>	April 9, 2009
<b>Phone:</b>		<b>Pages:</b>	23 - pages (incl. Cover)
<b>Re:</b>	U.S. Serial No. 10/510,451	<b>CC:</b>	

**Urgent**    **For Review**    **Please Comment**    **Please Reply**    **Please Recycle**

**Comments:**

Submitted herewith:

- 1) Response to Interview Summary
- 2) Copy of Electronic Acknowledgement Receipt dated June 6, 2008
- 3) Copy of Amendment Transmittal Form dated June 6, 2008
- 4) Copy of Amendment After Allowance dated June 6, 2008

**TELEFAX TRANSMISSION**

This facsimile transmission may contain confidential attorney/client privileged information belonging to the sender. This information is intended only for the use of the individual or entity named on this transmission sheet. If you are not the intended recipient, or the employee or agent responsible to the intended recipient, you should return to sender immediately. You are hereby notified that any disclosure, coping, distribution or the taking of any action in reliance on the contents of this telecopied information is strictly prohibited.